

# Molina Healthcare/Molina Medicare of Washington Prior Authorization/Pre-Service Review Guide Effective: 01/01/2014

**This Prior Authorization/Pre-Service Guide applies to all Molina Healthcare/Molina Medicare Members.**

\*\*\*Referrals to Network Specialists do not require Prior Authorization\*\*\*  
\*\*\*Office visits to contracted (par) providers do not require Prior Authorization\*\*\*

**Authorization required for services listed below.**

Pre-Service Review is required for elective services.

**Only covered services are eligible for reimbursement**

<ul style="list-style-type: none"> <li>• <b>Behavioral Health: Mental Health, Alcohol and Chemical Dependency Services:</b> Inpatient, Partial hospitalization, Day Treatment, Intensive Outpatient Programs (IOP), Electroconvulsive Therapy (ECT).             <ul style="list-style-type: none"> <li>○ Non MD/APRN BH Outpatient Visits &amp; Community Based Outpatient programming: After initial evaluation for outpatient and home settings.</li> <li>○ Medicare does not require authorization for outpatient Behavioral Health services.</li> </ul> </li> <li>• <b>Chiropractic Services.</b></li> <li>• <b>Cosmetic, Plastic and Reconstructive Procedures (in any setting):</b> which <u>are not usually covered benefits include but are not limited to</u> tattoo removal, collagen injections, rhinoplasty, otoplasty, scar revision, keloid treatments, surgical repair of gynecomastia, pectus deformity, mammoplasty, abdominoplasty, venous injections, vein ligation, venous ablation, dermabrasion, Botox injections, etc.</li> <li>• <b>Dental General Anesthesia:</b> &gt;7 years old or per state benefit (Not a Medicare covered benefit).</li> <li>• <b>Dialysis:</b> Notification only.</li> <li>• <b>Durable Medical Equipment:</b> Refer to Molina's website for specific codes that require authorization.             <ul style="list-style-type: none"> <li>○ Medicare Hearing Supplemental benefit: Contact Avesis at 800-327-4462</li> </ul> </li> <li>• <b>Experimental/Investigational Procedures.</b></li> <li>• <b>Genetic Counseling and Testing except</b> for prenatal diagnosis of congenital disorders of the unborn child through amniocentesis and genetic test screening of newborns mandated by state regulations</li> <li>• <b>Home Healthcare:</b> After 3 skilled nursing visits.</li> <li>• <b>Home Infusion.</b></li> <li>• <b>Hospice &amp; Palliative Care:</b> Notification only.</li> <li>• <b>Imaging:</b> CT, MRI, MRA, PET, SPECT, Cardiac Nuclear Studies, CT Angiograms, Intimal Media Thickness Testing, Three Dimensional (3D) Imaging.</li> <li>• <b>Inpatient Admissions: Acute hospital, Skilled Nursing Facilities (SNF), Rehabilitation, Long Term Acute Care (LTAC) Facility, Hospice</b> (Hospice requires notification only).</li> <li>• <b>Long Term Services and Supports: (per state benefit)</b> e.g., Personal Attendant Services (PAS), Personal Care Services, Day Adult Health Services (DAHS). Not a Medicare covered benefit.</li> <li>• <b>Neuropsychological and Psychological Testing and Therapy</b></li> <li>• <b>Non-Par Providers/Facilities: Office visits, procedures, labs, diagnostic studies, inpatient stays except for:</b> <ul style="list-style-type: none"> <li>○ Emergency Department services</li> <li>○ Professional fees associated with ER visit, approved Ambulatory Surgery Center (ASC) or inpatient stay</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• <b>Nutritional Supplements &amp; Enteral Formulas.</b></li> <li>• <b>Occupational Therapy:</b> After initial evaluation for outpatient and home settings.</li> <li>• <b>Office-Based Surgical Procedures do not require authorization except for Podiatry Surgical Procedures</b> (excluding routine foot care).</li> <li>• <b>Outpatient Hospital/Ambulatory Surgery Center (ASC) Procedures:</b> Refer to Molina's website for specific codes that are <b>EXCLUDED</b> from authorization requirements.</li> <li>• <b>Pain Management Procedures:</b> including sympathectomies, neurotomies, injections, infusions, blocks, pumps or implants, and acupuncture (Acupuncture is not a Medicare covered benefit).</li> <li>• <b>Physical Therapy:</b> After initial evaluation for outpatient and home settings.</li> <li>• <b>Pregnancy and Delivery:</b> Notification only.</li> <li>• <b>Prosthetics/Orthotics:</b> Refer to Molina's website for specific codes that require authorization. Includes but not limited to:             <ul style="list-style-type: none"> <li>○ Orthopedic footwear/orthotics/foot inserts</li> <li>○ Customized orthotics, prosthetics, braces</li> </ul> </li> <li>• <b>Rehabilitation Services:</b> Including Cardiac, Pulmonary, and Comprehensive Outpatient Rehab Facility (CORF). CORF Services for Medicare only.</li> <li>• <b>Sleep Studies.</b></li> <li>• <b>Specialty Pharmacy drugs (oral and injectable)</b> used to treat the following disease states, but not limited to: <b>Anemia, Crohn's/Ulcerative Colitis, Cystic Fibrosis, Growth Hormone Deficiency, Hemophilia, Hepatitis C, Immune Deficiencies, Multiple Sclerosis, Oncology, Psoriasis, Pulmonary Hypertension, Rheumatoid Arthritis, and RSV prophylaxis:</b> Refer to Molina's website for specific codes that require authorization.</li> <li>• <b>Speech Therapy:</b> After initial evaluation for outpatient and home settings.</li> <li>• <b>Transplant Evaluation and Services including Solid Organ and Bone Marrow</b> (Cornea transplant does not require authorization).</li> <li>• <b>Transportation:</b> non-emergent ambulance (ground and air).</li> <li>• <b>Unlisted and Miscellaneous Codes:</b> Molina requires standard codes when requesting authorization. Should an unlisted or miscellaneous code be requested, medical necessity documentation and rationale must be submitted with the prior authorization request.</li> <li>• <b>Wound Therapy including Wound Vacs and Hyperbaric Wound Therapy.</b></li> </ul>
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**\*STERILIZATION NOTE: Federal guidelines require that at least 30 days have passed between the date of the individual's signature on the consent form and the date the sterilization was performed. The consent form must be submitted with claim. (Medicaid benefit only)**

**IMPORTANT INFORMATION FOR MOLINA HEALTHCARE/MOLINA MEDICARE**

**Information generally required to support authorization decision making includes:**

- Current (up to 6 months), adequate patient history related to the requested services.
- Relevant physical examination that addresses the problem.
- Relevant lab or radiology results to support the request (including previous MRI, CT Lab or X-ray report/results)
- Relevant specialty consultation notes.
- Any other information or data specific to the request.

**The Urgent / Expedited service request designation should only be used if the treatment is required to prevent serious deterioration in the member’s health or could jeopardize the enrollee’s ability to regain maximum function. Requests outside of this definition will be handled as routine / non-urgent.**

- If a request for services is denied, the requesting provider and the member will receive a letter explaining the reason for the denial and additional information regarding the grievance and appeals process. Denials also are communicated to the provider by telephone/fax or electronic notification. Verbal **or** fax denials are given within one business day of making the denial decision, or sooner if required by the member’s condition.
- Providers can request a copy of the criteria used to review requests for medical services.
- Molina Healthcare has a full-time Medical Director available to discuss medical necessity decisions with the requesting physician at 425-398-2603.

**Important Molina Healthcare/Molina Medicare Contact Information**

<p><b>Prior Authorizations:</b> 8:00 a.m. – 5:00 p.m. Phone: 800-869-7185 Fax: 800-767-7188</p> <p><b>Radiology Authorizations:</b> Phone: 855-714-2415 Fax: 877-731-7218</p> <p><b>OB/NICU Authorizations:</b> Phone: 888-562-5442 x150841 Fax: 877-731-7218</p> <p><b>Pharmacy Authorizations:</b> Phone: 800-213-5525 Fax: 800-869-7791</p> <p><b>Behavioral Health Authorizations:</b> Phone: 800-869-7185 Fax: 800-767-7188</p> <p><b>Transplant Authorizations:</b> Phone: 888-562-5442 x150841 Fax: 877-731-7218</p> <p><b>Member Customer Service Benefits/Eligibility:</b> Phone: 800-869-7165 Fax: 800-816-3778 TTY/TDD: 711</p>	<p><b>Provider Customer Service:</b> 8:00 a.m. – 5:00 p.m. Phone: 888-858-5414 Fax: 1-877-814-0342</p> <p><b>24 Hour Nurse Advice Line</b> English: 888-275-8750 [TTY: 866-735-2929] Spanish: 866-648-3537 [TTY: 866-833-4703]</p> <p><b>Vision Care: March Vision Services</b> Phone: 888-493-4070 Fax: 866-772-0285</p> <p><b>Dental:</b> Phone: 800-869-7185 Fax: 800-767-7188</p> <p><b>Transportation:</b> Phone: 800-869-7185 Fax: 800-767-7188</p>
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**Providers may utilize Molina Healthcare’s ePortal at: [www.molinahealthcare.com](http://www.molinahealthcare.com)**

Available features include:

- Electronic authorization submission and status through Clear Coverage application with potential for automatic approval at the time of submission <https://eportal.molinahealthcare.com/Provider/Login>
- Claims submission and status (EDI only)
- Download Frequently used forms
- Member Eligibility
- Provider Directory
- Nurse Advice Line Report

## Molina Healthcare of Washington – Medicaid/Medicare Prior Authorization Request Form

**Phone Number:** (800) 869-7185

**Fax Number:** (800) 767-7188

MEMBER INFORMATION			
<b>Plan:</b>	<input type="checkbox"/> Molina Medicaid	<input type="checkbox"/> Molina Medicare	<input type="checkbox"/> Other:
<b>Member Name:</b>			<b>DOB:</b> /       /
<b>Member ID#:</b>			<b>Phone:</b> (     )       -
<b>Service Type:</b>	<input type="checkbox"/> Elective/Routine		<input type="checkbox"/> Expedited/Urgent*

**\*Definition of Urgent / Expedited service request designation is when the treatment requested is required to prevent serious deterioration in the member’s health or could jeopardize the enrollee’s ability to regain maximum function. Requests outside of this definition should be submitted as routine/non-urgent.**

Referral/Service Type Requested		
<b>Inpatient</b> <input type="checkbox"/> Surgical procedures <input type="checkbox"/> ER Admits <input type="checkbox"/> SNF <input type="checkbox"/> Rehab <input type="checkbox"/> LTAC	<b>Outpatient</b> <input type="checkbox"/> Surgical Procedure <input type="checkbox"/> Rehab (PT, OT, & ST) <input type="checkbox"/> Diagnostic Procedure <input type="checkbox"/> Chiropractic <input type="checkbox"/> Wound Care <input type="checkbox"/> Infusion Therapy <input type="checkbox"/> Other:	<input type="checkbox"/> Home Health <input type="checkbox"/> DME <input type="checkbox"/> In Office
Diagnosis Code & Description:		
CPT/HCPC Code & Description:		
Number of visits requested:		Date(s) of Service:

**Please send clinical notes and any supporting documentation**

PROVIDER INFORMATION			
Requesting Provider Name:			
Facility Providing Service:			
Contact at Requesting Provider’s office:			
Phone Number:	(     )       -	Fax Number:	(     )       -

<b>For Molina Use Only:</b>